STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES MOTOR FUEL SECTION 25 SIGOURNEY STREET HARTFORD CT 06106-5032

FORM AU-724b

Motor Vehicle Fuels Tax Refund Claim DIESEL-OFF HIGHWAY USE

(Rev. 8/99)

INSTRUCTIONS

- 1. For additional instructions and information see reverse side.
- 2. Mail original to the Department of Revenue Services at the above address.
- 3. REFUND CLAIMS MUST BE FILED BY MAY 31, 2000, for fuel used during calendar year 1999.

CT Tax Registration Number / Social Security Number Telephone						ne Number		FOR DEPARTMENT USE O	NLY	Audit Number
					()			Claim Number		/ tadit / tallibol
Name of Claimant (Type or print)								- Claim Number		
								Refund Gallons		
Number and Street								Refund Tax \$		
City or Town State						ZIP+4	ZIP+4 Less Use Tax \$			
								Net Refund Tax \$		
Type of Business Locat						of Records (if differe	nt from above)			
								Reviewed By		Date
Prior	Claim Filed f	or Period Ending Period of Claim From		То			Approved By		Date	
, ,		FIOIII								
Sch	nedule A	Date		Name of Supplier		Number of Diesel Gallons	Date	Name of Supplier	Name of Supplier Number of Diesel Gallons	
STATEMENT OF MOTOR FUEL PURCHASES (attach										
re	eceipts)									
	-	Qty.	**			Gallons	Qty.	Type of Equipment		Gallons
Schedule B STATEMENT OF NON-TAXABLE USE (Show number		Backhoes						ower Saws - Mowers		
			Bulldozers					ower Shovels		
			Carburetor - Engine Tests				_	umping Units		
			Cement - Mixer Units					Rail - Baggage Trucks Refrigerator Units		
			Compressors					oad Rollers		
			Cranes Fork Lifts and Hoists				_	Road Scrapers		
of pieces of			Heating Units					School Buses (See Sch. B Instructions)		
each type of			Loaders					Tow Motors		
equipment and			Lighting Units					Inregistered Vehicles (Attach list)		
number of gallons used			Motor Boats - Registration Number(Velders		
in each)								ell Drilling Units		
ĺ		Municipal Vehicles						OTAL (Minimum of 200 gallons)		
	1. Ope	Opening inventory - (gallons)								
С		urchases - (gallons) (Schedule A)								
0		Total (gallons) (Add Line 1 and Line 2)								
M P		osing inventory - (gallons)								
υ										
T 5. Motor fuel used (gallons) (Subtract Line 4 from Line 3)										
A T					· · · · · · · · · · · · · · · · · · ·					
;				(Subtract Line 6 fron		\longrightarrow				
0		ross refund (Multiply Line 6 by .18 per gallon)								\$
N	9. Use	9. Use tax due (See Instructions for Computation of Use Tax on reverse side)								\$
	10. Net	Net refund (Subtract Line 9 from Line 8)								\$
I declare under the penalty of false statement that I have examined this claim, Form AU-724b , and, to the best of my knowledge and belief, it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)										
Signature					Title	Title Date				
Print Name										

Instructions

Your motor vehicle fuels tax refund claim on fuel used during calendar year 1999 must:

- Be filed with the Department of Revenue Services on or before May 31, 2000; AND
- 2. Include at least 200 gallons of fuel eligible for tax refund.

Be sure to provide a telephone number where you can be contacted.

You must indicate your Connecticut tax registration number or Social Security Number in the space provided.

For all purchases reported on Line 2, you must attach a copy of each numbered slip or invoice that was issued at the time of the purchase. The slip or invoice may be the original or a photocopy and must indicate the:

- · Date of purchase;
- Name and address of the seller (which must be printed or rubber stamped on the slip or invoice);
- Name and address of the purchaser (which must be the name and address of the person or entity filing the claim for refund);
- · Number of gallons of fuel being purchased; and
- Price per gallon;
- · Total paid.

You must retain records that substantiate your refund claim for at least three years following the filing of the claim and make them available to the Department of Revenue Services upon request.

Schedule A Instructions

Indicate the date of purchase, the name of the supplier and number of diesel gallons purchased.

Schedule B Instructions

- Enter the quantity of each type of equipment and the total number of gallons used in each.
- 2. Enter a registration number for all motor boats you list.
- The school bus refund is for school buses as defined in §14-275 of the Connecticut General Statutes.

Instructions for Computation of Use Tax

Purchases of fuel on which a motor vehicle fuels tax refund claim is allowed are subject to Connecticut use tax at the use tax rate in effect at the time of the purchase. Use tax is calculated on the price paid per gallon less the Connecticut diesel fuel tax rate. You must determine your Connecticut use tax liability on such purchases according to the following steps:

Step 1

Divide the total amount you paid (including all taxes and charges) to purchase the fuel reported on Line 2 of this form by the total gallons reported on Line 2 of this form to compute your AVERAGE PRICE PER GALLON of fuel.

Step 2

Subtract the Connecticut diesel fuel tax per gallon from your AVERAGE PRICE PER GALLON to compute your NET AVERAGE PRICE PER GALLON.

Step 3

Multiply your NET AVERAGE PRICE PER GALLON by the number of gallons entered on Line 6. Multiply that amount by the use tax rate of 6% (.06) to compute your USE TAX DUE. Enter the USE TAX DUE on Line 9.

Note: If you claim exemption from the Connecticut use tax because the fuel was used and consumed directly in manufacturing or commercial fishing, you must send the appropriate exemption certificate with each refund claim filed.

Additional Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Unit at **860-541-3225**, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.

YOUR REFUND WILL BE APPLIED AGAINST ANY OUTSTANDING DEPARTMENT OF REVENUE SERVICES TAX LIABILITY.